

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-579)**

SERIAL NO.

10/563624

FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st ADJUSTMENT		AFTER 2nd ADJUSTMENT			AS FILED		AFTER 1st ADJUSTMENT		AFTER 2nd ADJUSTMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5	1		1				55						
6				1			56						
7				1			57						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	5	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			7				TOTAL CLAIMS						

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